Working in Collaboration

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Mission

- The Central California Autism Center at California State University Fresno opened July 2007.

- Our center-based program provides behavioral treatment for young children with a diagnosis along the autism spectrum and is engaged in active, ongoing research.

Information on Autism

- Autism Spectrum Disorders (ASD) refers to a class of pervasive developmental disorders typically appearing by age 3 or earlier.
- ASD disorders have in common a set of symptoms and behavioral characteristics that primarily affect social relatedness, communication and language, although the nature of these "spectrum disorders" is that there are multiple variants and partial expressions of the disorder, with no single characteristic being common among all persons that, nonetheless, share some symptoms in common.

- ASD affect 1 in 150 children (CDC, 2007) or 1 in 91 (Pediatrics, 2009).
- In California , between 1987 and 1998 the number of children diagnosed with ASD jumped 273%.

INTERVENTION MODELS

- There are several different treatment models that are used with children who have ASD

- Children vary in their particular responses to interventions making the evidence hard to evaluate.

- Some children make gains so significant that they return to levels indistinguishable form their peers, and most make significant gains with early intervention.

WHAT WE AGREE WORKS

- Although there is much controversy in the area of developing the best treatments for autism, there are some factors that are widely accepted, regardless of approach.
- Interdisciplinary teams representing no particular field or approach have agreed on the following factors:

COMPONENTS TO A SUCCESSFUL INTERVENTION

- Intensive (30-40 hours per week for 2-3 years)
- Comprehensive (targeted all areas of functioning), early intervention (began before age of three)
- Family participation
- Integration into typical settings
- Individualization of treatment components and progression
- Quality control of staff working with the child.

WHAT DOES "INDIVIDUALIZE" MEAN?

- Although it is highly recommended that treatments be individualized – there are some best practice guidelines to adhere to for all children regardless of variation.
- Just as with typical children, some may excel in reading, others in math – but all children need to be exposed to both and can do well in both with good teaching.
- Autism is not different. We do individualize treatment – but within a continuum of best practice.

WHAT IS "EVIDENCE-BASED?"

- It is not uncommon to hear about effective, even amazing treatments from reports by parents or professionals.

- Such claims in past years have wasted time and money by leading parents down the wrong track (or at least, away from more effective interventions).

- Because of this; responsible professionals recommend only treatments that have scientific evidence to support their claims.

Collaboration

- Family
  - Parents
  - siblings
  - Extended family
- School
  - Teacher
  - SLP
  - OT
  - Counselor
  - Behavior specialist
  - Instructional aide
- Service providers
  - Director/supervisors
  - Tutors/therapists
- CVRC – other organizations

Importance of working in collaboration

- A cohesive team approach will:
  - Reduce mishandled behavior issues
  - Prioritize goals to maximize progress
  - Teach the same or congruent skills
  - Use similar methodology for consistency
  - Share data and information on procedures
  - Will facilitate generalization of learned skills
  - Help parents communicate across settings

GENERALIZATION

- Since kids with autism don't learn like other kids – we have to create the environment that will help them to do this.
- It's like steps on a ladder.
- We move down the

ladder as much as needed

but then must build back up

GENERALIZATION

- Don’t remove anything unnecessarily
- Build everything back in.

- Children with autism usually do not generalize well.
  - Learn one thing at a time
  - Needs lots of exemplars to build a category around something

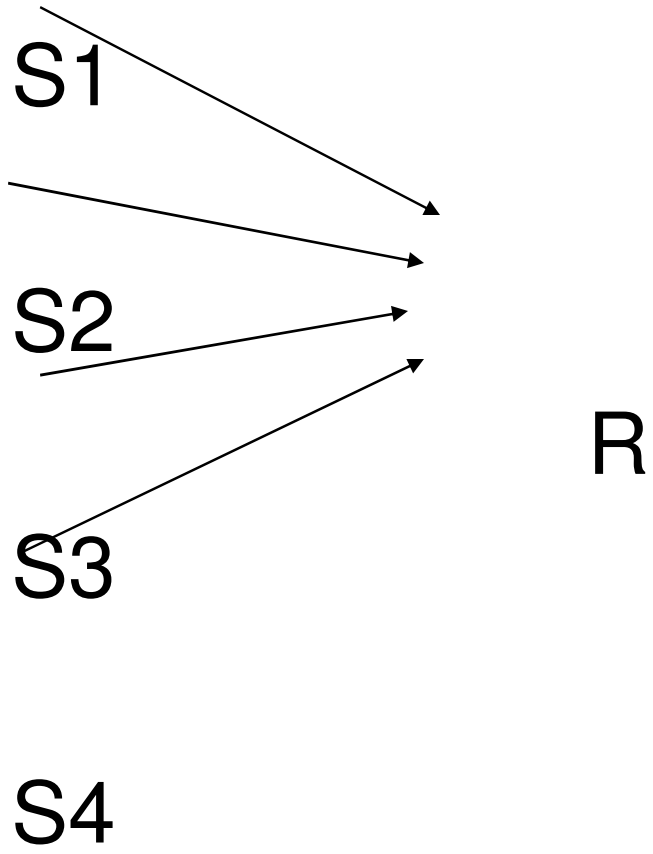
GENERALIZATION

- Because kids need to learn incrementally, we strip learning units down to the barebones, then build them back up through generalization practices.
- Ex: teach animals one at a time – then teach that all dogs go together in a class
- Ex: teach individual people they know, then label men and women (mom, dad, sister, brother)

STIMULUS GENERALIZATION

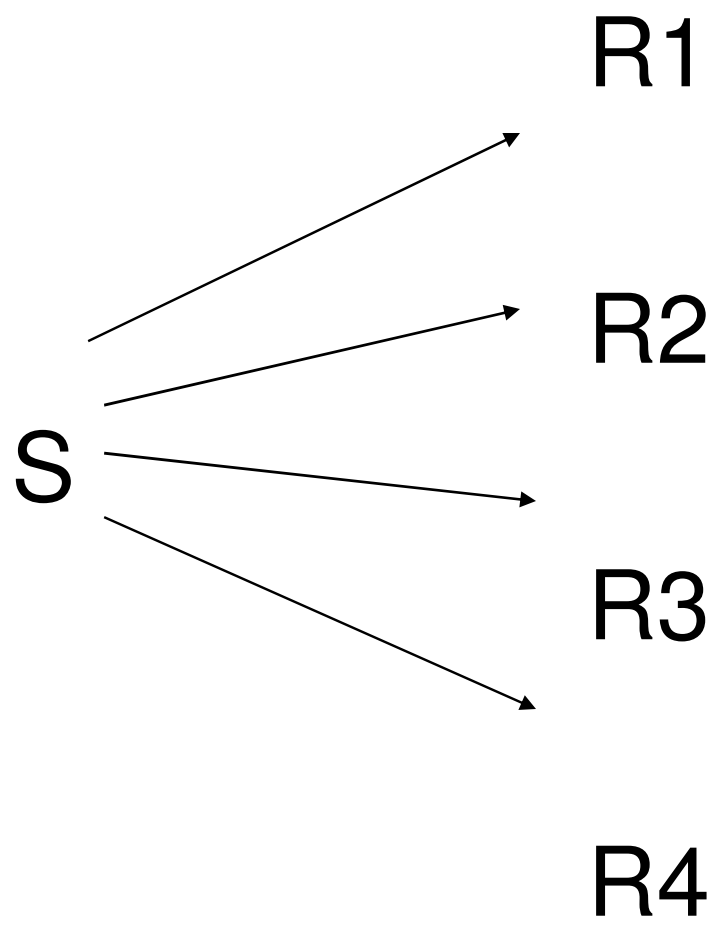
The extent to which a behavior taught in one situation is subsequently performed in another situation.

a. Across people
b. Across instructions
c. Across stimuli
d. Across environments



RESPONSE GENERALIZATION

The extent to which, by teaching one behavior, you see changes in other behaviors although these behaviors were not explicitly taught.



Issues with failure to generalize

- Child can answer questions in program but not at home
- Child can sit in circle time at school by not in program
- Child can tolerate touch at home but not at school
- Child required to make verbal requests in one environment but not another
- Child doesn’t cooperate with sibling but does with peers

Maximize generalization

- This is really what it all amounts to.
- Along the way all parties will get along better, which is nice.
  - More importantly, the child will make better progress to really achieve the least restrictive environment for maximal progress and learning.

How to accomplish it:

- Identify primary members of the child's team:
  - Parents
  - Teachers
  - Service providers
  - Others…
  - Make sure all meet and are informed of the plan. How many hours where doing what.
  - Make sure all know the IEP, assessment and curriculum plan.

How to collaborate…

- Establish a system of sharing information
  - Weekly emails
  - Data folders exchanged weekly/monthly
  - Regular meetings
  - Observations in each others environments
  - Parents facilitate communication as needed

  - COMMUNICATION is the key!

Communication

- It makes sense for 1-2 people to take the lead.
  - Might be parent (always primary role)
  - Might be school teacher or psychologist
  - Might be service provider
    - Who sees the child the most?
    - With whom does the parent communicate most often?
    - What makes sense?

Common sense ideas

- Have established paper trails
- Have established timelines
- Make an group email list so communicating between all team members is easier
- Get in the habit of cc'ing people
- Maybe go higher tech (special sites…)

When disagreements occur…

- Is there a reasonable compromise?
- If not: meet together.
  - Leave egos and personal agendas behind
  - Remember the child and family
  - Discuss the crucial elements and rationale for including them (each member)
  - See what can be done to combine interests

Still disagree?

- Take a scientific approach (if possible)
  - Agree to try each method or approach with agreed upon measures
  - Reconvene to review in about a month
  - See what the data says
  - Work with parents to make good decisions about how to continue

Parents & Families

- We know from countless studies, stories, and common sense that the best outcomes occur when families are ***highly*** involved.
- Parents come to professional teams for guidance and direction.
- Professionals have specific training to know what to do to help.
- It is crucial for parents to trust professionals and sometimes even to trust recommendations that they don't at first feel entirely comfortable with.

HOWEVER, it is a serious mistake, perhaps an unethical error,

for professionals to take the reigns of the program without (or even with little) parental involvement, education, consultation and participation.

Some ideas on how to bring families into the program

- Parent training
  - The basics concepts and program methods
  - Regular review of progress – no less than monthly (look at data, discuss progression)
  - Regular meeting – no less than bi-weekly
    - Discuss progress and issues at home, school, program, extra-curricular
  - Regular discussion of “homework”
    - Weekly or biweekly tasks specifically designed for parents to practice with kids at home

Siblings…

- There is a huge role for siblings!
  - Sibling sessions (we love them!)
  - Siblings meetings/play dates
    - A sibling is a consistent presence
    - A sibling is effected by the child with autism
    - A sibling effects the child with autism
    - The role of siblings is a crucial part of family dynamics and can make things worse or better
    - Siblings can be trained, involved, coached and given a special unique role

Concluding Remarks

- Professionals need to collaborate with each other
- Professionals need to collaborate with families
- Some of the work is fun (some of it is not)!
- More of it can be fun and productive with good collaboration.

Concluding Remarks

- Collaborating can be uncomfortable and difficult
- However, it is crucial!
- Be willing to compromise where possible
  - Stick to your guns when necessary
- Listen to other perspectives
- Be willing to not always be the primary (professionals only, parents are always)
- What will benefit the child the most?

Questions for the audience

- What has worked for you in collaborative teams?
- What would you suggest avoiding/
- Other questions and ideas?

Thank you!!

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